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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of PCT/US02/18623 06/10/2002 \*  
 (\*)Data provided by applicant is not consistent with PTO records.  
*OK CCS*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*none CCS*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 03/09/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 11	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 3
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35 USC 119 (a-d) conditions met  
☐ yes ☒ no ☐ Met after  
 Verified and Acknowledged *CSH/CS*  
 Examiner's Signature Initials

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**TITLE**  
 Bone plates

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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